418000243908

(Rec	questor's Name)	- · · · · · · · · · · · · · · · · · · ·
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	

Office Use Only



400392752234

08/19/22--01025--000 ••55.00

SECRETARY OF STATE CORPORATIONS

1 ~~....3 102

COVER LETTER

TO:	Registration Section Division of Corporations	4•	
CIID IEA	JLG SELF-DIRECTED IRA 1 LLC		
SUBJECT:(Name of Limited Liability Company)			
		and the second	
	osed Articles of Dissolution and fee(s) are submi eturn all correspondence concerning this matter to	-	
ricasc re	starn an correspondence concerning this matter to	one lonowing.	
	Jerry Lee Green		
	(Na	me of Person)	
	JLG SELF-DIRECTED IRA 1 LLC		
	(Fi	rn/Company)	
	1916 Fletcher Street		
		(Address)	
	Melbourne, Florida 3200		
	(City/St	ate and Zip Code)	
For furth	ner information concerning this matter, please call	l:	
	Jerry Lee Green	901 356-4047 at ()	
	(Name of Person)	(Area Code & Daytime Telephone Number	
Enclosed	is a check for the following amount:		
	\$25.00 Filing Fee and Certificate of Dissolution	■ \$55.00 Filing Fee, Certificate of Dissolution & Certified Copy (additional copy is enclosed)	
	Mailing Address:	Street Address:	
	Registration Section Division of Corporations	Registration Section Division of Corporations	
	P.O. Box 6327	The Centre of Tallahassee	
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company:
Document number of Limited Liability Company is:
Date of dissolution was: 8/19/2022
Description of information that must be included in a written claim:
I filed for this LLC in 2018 (prior to COVID-19) to purchase Pre-Foreclosed homes,
Rehab, Sell (Flipping). Since I opened this LLC COVID-19 hit USA and Foreclosures
and/or Evictions were placed on hold, Supply Chain Issue, Inflation and now High
Interest Rates. I decided to DISSOLVE JLG SELF-DIRECTED IRA 1 LLC.
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)
1916 Fletcher Street Melbourne, Florida 32901

Printed Name of the Person Filing

Signature of the Person Filing

A claim against the above named limited liability company will be barred unless a proceeding to enforce the

claim is commenced within 4 years after the filing of this notice.

Fee: No charge if included with Articles of Dissolution. If filed separately \$25.00

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

J,	The name of a limited liability company is JLG SELF-DIRECTED IRA 1 LLC
2	The Articles of Organization were filed on October 16, 2018 and assigned
•	document number L18000243908
3.	The delayed effective date the dissolution if not effective on the date of filing: (effective date cannot be prior to or more than 90 days later than date document is received for filing) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
4.	A description of occurrence that resulted in the limited liability company's dissolution pursuant to section 605.0707, Florida Statutes, (copy 605.0707 on back cover letter).
	I filed for this LLC in 2018 (prior to COVID-19) to purchase Pre-Foreclosed homes,
	Rehab, Sell (Flipping). Since I opened this LLC COVID-19 hit USA and Foreclosures and/or Evictions were placed on hold. Supply Chain Issue, Inflation and now High Interest Rates. I decided to DISSOLVE JLG SELF-DIRECTED IRA 1 LLC.
5.	If there are no members, enter the name and address of the person appointed to wind up the company's activities and affairs: No members or partners
6. ab	Signature of an authorized person or if there are no members, the signature of the person appointed and listed ove to wind up the company's activities and affairs:
	Signature Printed Name

FILING FEE: \$25.00